

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008980

FILED
Apr 14, 2008
Secretary of State

Entity Name: MALAYALEE ASSOCIATION OF FORT MYERS, INC.

Current Principal Place of Business:

721 PLUMOSA AVENUE
LEHIGH ACRES, FL 33972

New Principal Place of Business:

Current Mailing Address:

721 PLUMOSA AVENUE
LEHIGH ACRES, FL 33972

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ABRAHAM, SAMUEL
721 PLUMOSA AVENUE
LEHIGH ACRES, FL 33972 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ABRAHAM, SAMUEL
Address: 721 PLUMOSA AVENUE
City-St-Zip: LEHIGH ACRES, FL 33972

Title: VP () Delete
Name: JOHNSON, SAJI
Address: 2735 COLONIAL BLVD, APT. 207
City-St-Zip: FORT MYERS, FL 33907

Title: S () Delete
Name: JOHN, ANIL P
Address: 2737 COLONIAL BLVD, APT. 101
City-St-Zip: FORT MYERS, FL 33907

Title: JS () Delete
Name: ABRAHAM, BLESSY J
Address: 2753, COLONIAL BLVD, APT. 208
City-St-Zip: FORT MYERS, FL 33907

Title: T () Delete
Name: KUMAR, HARI
Address: 4127 RESIDENCE DR APT 4706
City-St-Zip: FORT MYERS, FL 33901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANIL JOHN

S

04/14/2008

Electronic Signature of Signing Officer or Director

Date